

# Alabama Department of Public Safety



## Request For Reinstatement Requirements

Type or print clearly. Complete upper portion only.

NAME \_\_\_\_\_ Driver License Number \_\_\_\_\_  
First Middle Last  
ADDRESS \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month / Date / Year  
City State Zip Social Security Number \_\_\_\_\_

All request for reinstatement must include your **COMPLETE NAME, DRIVER LICENSE NUMBER (if known), DATE OF BIRTH, and CURRENT ADDRESS**. Reinstatement fees should be submitted either by **CASHIER'S CHECK or MONEY ORDER** made payable to: Department of Public Safety, Driver License Division.

**ONCE THIS PORTION IS COMPLETED  
MAIL FORM TO: DRIVER LICENSE DIVISION  
P.O. BOX 1471  
MONTGOMERY, AL 36102-1471**

**NO PERSONAL CHECKS ACCEPTED**

	<b>DO NOT WRITE BELOW</b>	<b>FOR DEPARTMENTAL USE ONLY</b>	
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**ONLY THE BLOCKS CHECKED APPLY TO YOU**

**DATE** \_\_\_\_\_

- ☐ MUST PAY A REINSTATEMENT FEE OF \_\_\_\_\_
- ☐ MUST PAY ADDITIONAL \$50 FEE FOR FAILURE TO SURRENDER LICENSE WITHIN 30 DAYS
- ☐ MUST PAY ADDITIONAL \$25 FEE PER ACT 93-352
- ☐ MUST FILE FORM SR-22 INSURANCE UNTIL \_\_\_\_\_
- ☐ ELIGIBLE FOR REINSTATEMENT \_\_\_\_\_
- ☐ ELIGIBLE FOR A LETTER OF AUTHORITY TO BE RELICENSED \_\_\_\_\_
- ☐ MUST SUBMIT A LETTER OF CLEARANCE FROM STATE OF \_\_\_\_\_
- ☐ MUST SETTLE THE FOLLOWING OUTSTANDING COURT CASES \_\_\_\_\_

- ☐ YOU WILL BE NOTIFIED BY MAIL OF A DATE, TIME AND PLACE FOR A HEARING, INTERVIEW OR INVESTIGATION. YOU MUST APPEAR FOR THE APPOINTED MEETING TO DETERMINE AN ELIGIBILITY DATE FOR THE REINSTATEMENT OF YOUR DRIVING PRIVILEGES.